

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1236
100

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 917 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years
years, months or days

3. (a) PRINT

FULL NAME Lula Harper

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased August 14 1869
(Month) (Day) (Year)

8. AGE: Years 73 3 Months 4 Days 24 If less than one day
hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William J. Lundy
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Marten
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.E. Hathman
(b) Address 17 North 10th. Columbia, Mo

17. (a) Burial (b) Date thereof 1-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.

19. (a) 1-9-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th.
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-5-42
_____, 19____, to 1-8, 1942
that I last saw him alive on 1-8, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration 3 da.

Due to 93H
Due to Failing heart
Myocardial Degeneration
Other conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature M. M. Brown (M. D. or other)
Address 248 Plaza Bank Bldg Date signed 1-9-42

248 Plaza Bank Bldg. at Plaza
1 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Theron A. Redmon

Licensed Embalmer No. *2737*

P. O. Address

W. L. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.